## PATENT APPLICATION FEE DETERMINATION RECORD

**Application or Docket Number** 

| Effective December 8, 2004  |  |   |                |                                      |                                 |                  |   |   | 10/552264              |                            |              |                        |  |
|---|--|---|----------------|--------------------------------------|---------------------------------|------------------|---|---|------------------------|----------------------------|--------------|------------------------|--|
|   |  | CLAIMS A                                  |                | FILED - PART I (Column 1) (Column 2) |                                 |                  |   | SMALL ENTITY TYPE                       |                        | OTHER THAN OR SMALL ENTITY |              |                        |  |
| U.S.  | NATIONAL S                                     | TAGE FEES                                 |                |                                      |                                 |                  |   | RATE                                    | FEE                    |                            | RATE         | FEE                    |  |
| BASIC FEE   |  |   | ·              |                                      |                                 |                  |   | BASIC FEE                               | -                      | OR                         | BASIC FEE    | 300                    |  |
| EXAMINATION FEE   |  |   |                |                                      |                                 |                  |   | EXAM. FEE                               |                        |                            | EXAM. FEE    | 260                    |  |
| SEARCH FEE  |  |   |                |                                      |                                 |                  |   | SEARCH FEE                              |                        |                            | SEARCH FEE   | 400                    |  |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minu           | s 100 =                              | / 50 =                          |                  |   | X \$ 125 =                              |                        |                            | X \$ 250 =   |                        |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | /6 min         | us 20 =                              |                                 |                  |   | X \$ 25 =                               |                        | OR                         | X \$ 50 =    |                        |  |
| INDEPENDENT CLAIMS  |  |   | 2 mi           | nus 3 =                              | •                               |                  |   | X \$ 100 =                              |                        | OR                         | X \$ 200 =   |                        |  |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRE                            | SENT           |                                      |                                 |                  |   | + \$ 180 =                              |                        | OR                         | + \$ 360 =   |                        |  |
| * If  | he difference                                  | in column 1 is i                          | ess than zero, | enter "                              | 0° in co                        | lumn 2           | - | TOTAL                                   |                        | OR                         | TOTAL        | 900                    |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |                |                                      |                                 |                  |   | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |                            |              |                        |  |
| AMENDMENT A   | 10/3/05  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUM<br>PREVI                 | HEST<br>MBER<br>MOUSLY<br>D FOR | PRESENT<br>EXTRA |   | RATE                                    | ADDI-<br>TIONAL<br>FEE |                            | RATE         | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | · /U                                      | Minus          | •                                    |                                 | = /              | 1 | X \$ 25 =                               |                        | OR                         | X \$ 50 =    |                        |  |
|   | Independent                                    | •2  | Minus          | 6                                    | 3                               | = /              |   | X \$ 100 =                              |                        | OR                         | X \$ 200 =   |                        |  |
| `   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                |                                      |                                 |                  |   | + \$ 180 =                              |                        | OR                         | + \$ 360 =   |                        |  |
|   |  |   |                |                                      |                                 |                  | 7 | TOTAL ADDIT.<br>FFF                     |                        | OR                         | TOTAL ADDIT. |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                |                                      |                                 |                  |   |   |                        |                            |              |                        |  |
| 8 5   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | NUM<br>PREVI                         | HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA |   | RATE                                    | ADDI-<br>TIONAL<br>FEE |                            | RATE         | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT   | Total  | •   | Minus          | **                                   |                                 | =                | ] | X \$ 25 =                               | ·                      | OR                         | X \$ 50 =    |                        |  |
|   | Independent                                    | •   | Minus          | ***                                  |                                 | =                |   | X \$ 100 =                              |                        | OR                         | X \$ 200 =   |                        |  |
|   | FIRST PRES                                     | ENTATION OF N                             | NULTIPLE DEPE  | ENDENT                               | CLAIM                           |                  | ] | + \$ 180 =                              |                        | OR                         | + \$ 360 =   |                        |  |
|   |  |   | -              | -                                    |                                 |                  |   | TOTAL ADDIT.                            |                        | OR                         | TOTAL ADDIT. |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                |                                      |                                 |                  |   |   |                        |                            |              |                        |  |